

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90496 033 ***150.00

DOCUMENT # **H26683**
 1. Entity Name
USA FITNESS TECHNOLOGIES INC.

NC #31
 4/11/01

Principal Place of Business Mailing Address
1700-44 TAMAMI TRAIL
PORT CHARLOTTE, FL 33948

00069314

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARTIN R. HUXSTEP
3520 MIDDLETOWN ST.
PORT CHARLOTTE, FL
33952

4. FEI Number
59-2467428
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name -
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

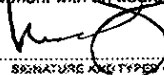
FILE NOW!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE PRESIDENT | <input type="checkbox"/> Delete |
| NAME MARTIN R. HUXSTEP | |
| STREET ADDRESS 3520 MIDDLETOWN ST. | |
| CITY-ST-ZIP PORT CHARLOTTE FL 33952 | |
| TITLE V. PRESIDENT | <input type="checkbox"/> Delete |
| NAME DONNA J. HUXSTEP | |
| STREET ADDRESS 3520 MIDDLETOWN ST. | |
| CITY-ST-ZIP PORT CHARLOTTE, FL 33952 | |
| TITLE SECRETARY | <input type="checkbox"/> Delete |
| NAME DONNA J. HUXSTEP | |
| STREET ADDRESS 3520 MIDDLETOWN ST. | |
| CITY-ST-ZIP PORT CHARLOTTE FL 33952 | |
| TITLE TREASURER | <input type="checkbox"/> Delete |
| NAME MARTIN R. HUXSTEP | |
| STREET ADDRESS 3520 MIDDLETOWN ST. | |
| CITY-ST-ZIP PORT CHARLOTTE FL 33952 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE:  **MARTIN R. HUXSTEP** 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/00)